

2053

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. **270**
Registrar's No. _____

1. Place of Death: (a) County **Maricopa** (b) City or Town **Wickenburg** (c) Location **Home**
(If outside city limits also write RURAL) ; In Community **6 mo.** ; In Arizona **18 mo.**

(d) Length of Stay: In Hospital or Institution _____

2. Usual Residence of Deceased: (a) State **Calif** (b) County **Los Angeles** (c) City or Town **Los Angeles**
(Specify whether years, months or days) ; In Arizona _____
(If outside city limits also write RURAL)

(ii) Street No. _____

3. (a) FULL NAME **Laura Irene Stonebarger** (b) If Veteran name war _____ (c) Social Security No. **None**

4. Sex **Female** 5. Race **White** 6. (a) Single, married, widowed or divorced **Divorced**
White ☐ Indian ☐ Negro ☐ Oriental ☐ **White**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased **May 30, 1899**
(Month) (Day) (Year)

8. AGE: Years **47** Months _____ Days _____ If less than one day hrs. _____ min. _____

9. Birthplace **Spencer Iowa**
(City, town or county) (State or Country)

10. Usual Occupation **Housewife**

11. Industry or Business _____

12. Name **William Yates**
13. Birthplace **Spencer Iowa**
(City, town or county) (State or Country)

14. Maiden Name **Ketchen**
15. Birthplace **Iowa**
(City, town or county) (State or Country)

16. (a) Informant's own signature **Clara V. Stonebarger**
(b) Address **1117 E 108 St Los Angeles, Cal**

17. (a) Burial, Cremation or Removal **Burial**
(b) Place **Wickenburg Ariz** (c) Date **7/26/46**

18. (a) Embalmer's Signature **H. L. Coffinger**
(b) Funeral Director **H. L. Coffinger**
(c) Address **Wickenburg Ariz.**

19. (a) **7/25/46**
(Date received Local Registrar)
(b) **Naomi Coffinger**
(Registrar's Signature)

20. DATE OF DEATH (Month, day and year) **7-21-46** 19____
TIME (Hour and minute) **4:45 P** M.

21. I hereby certify that I attended the deceased from **5-1-45** to **7-20-46**
that I last saw him alive on **7-20-46**
and that death occurred on the date and hour stated above.
Immediate cause of death **Bilateral advanced pulmonary tuberculosis in cavation**
Due to **Cardiac decompensation**
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or Town) _____ (County) _____ (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature **W. Lloyd Bralliar** M. D.
Address **Wickenburg** Date signed **7-28-46**

DURATION **10-15 yrs**
2 weeks

PHYSICIAN
Underline the cause to which death should be charged statistically